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FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

United Republic of Tanzania

SUMMARY

The Executive Director presents the country programme strategy note for the United Republic of Tanzania for a programme of cooperation for the period 1997 to 2001.

Despite determined efforts, mortality rates remain high. However, the political, economic and social sector reforms under way are encouraging. In addition to survival objectives, the new country programme will emphasize basic education and the acquisition of adequate life skills, which are fundamental to society-wide behavioural change. Capacity-building, advocacy and social mobilization will be the main strategy mix. Service delivery will be a strategy applied to institutions where it is critical for achieving country programme objectives. The new programme of cooperation will consist of three interrelated and mutually supportive programme components. The nationwide component will support social policy development and planning; access to good quality services in health, nutrition, water supply and sanitation, and basic education; and advocacy and monitoring of children's and women's rights. The community-based component will improve the capability at the community and district in selected regions on the mainland to assess, analyse and take action on problems affecting children and women. The Zanzibar component will strengthen central and local capacities in planning and management of development activities for children and women.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

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THE SITUATION OF CHILDREN AND WOMEN

1. Infant and under-five mortality rates remain high at 108 and 167 per 1,000 live births, respectively, against the decade goals of 80 and 100. Malaria, acute respiratory infections and diarrhoea continue to be the main causes of child deaths. Although coverage for antenatal care is good, poor quality of services contributes to high maternal mortality which is estimated at 340 per 100,000 live births; it will be a tremendous challenge is to meet the reduction goal of 30 per cent.

2. Universal child immunization was achieved in the United Republic of Tanzania in 1988 and has been largely sustained. The goals of polio eradication, the elimination of neonatal tetanus, oral rehydration therapy and universal salt iodation can be achieved. While progress in reducing the frequency of low birth weight and child malnutrition requires acceleration, the districts supported by UNICEF have seen declines in moderate and severe under-five malnutrition which surpassed the goals. Therefore, the goal for severe malnutrition will require a more rapid progress to achieve a reduction from 7.1 to 3 per cent. The goal for moderate malnutrition is to reduce it from 28.8 to 15 per cent. Vitamin A deficiency and anaemia are widespread problems, particularly among women and children.

3. Primary school enrolment was estimated at 69 per cent in 1994, and most children enter grade 1 at 9 or 10 years of age. The goals of 80 per cent each for net enrolment and completion rates for both girls and boys are within reach. Adolescent and adult illiteracy, virtually eliminated in the 1970s, have become a growing concern due to the deterioration of school infrastructure, the lack of educational materials and an acute shortage of qualified and motivated teachers.

4. The goal of universal access to safe drinking water will be difficult to achieve given current levels of investment. However, a recent national policy may increase community financing, ownership and operation of schemes. Universal access to sanitary means of excreta disposal has been achieved, with almost 90 per cent coverage. However, most latrine facilities are in poor condition, and hygiene practices need to be improved.

5. While the United Republic of Tanzania has ratified the Convention on the Elimination of All Forms of Discrimination Against Women and has adopted a national women in development policy, women continue to face discrimination with regard to health, basic education, literacy, workload, income and access to credit, marriage and inheritance rights, political participation and decision-making. Harmful traditional practices, including female genital mutilation and early marriage, persist. Teenage pregnancy is a growing problem and related to the HIV/AIDS pandemic.

6. Limited information is available on the situation of children in especially difficult circumstances. Programmes that cater for these children are few. Promotion of the rights of the country's children will become a priority concern for UNICEF cooperation.

LESSONS LEARNED FROM PAST COOPERATION

7. The community-based approach to implementing the child survival and development programme has been successful. However, previous cooperation has overestimated local government capacity in social policy development and planning. Weak capacity at the local level has led to slow implementation of the community-based programme. In the proposed programme, higher priority will be given to strengthening local government capacity in managing social sector information, policy development and planning.

8. Because of a decline in net primary enrolment rates of children, the Government and UNICEF recognized that basic education required additional support. Other areas identified for increased UNICEF support are social policy analysis, monitoring and mobilizing for children's and women's rights, gender sensitivity, HIV/AIDS, malaria control and emergency preparedness.

9. As 35 multilateral and bilateral donors provide aid, the Government's social sector reform would improve policy and implementation coordination. Recent developments in donor collaboration in education and health sector reforms have been encouraging, and UNICEF would further enhance such partnerships in the new programme cycle.

PROPOSED COUNTRY PROGRAMME STRATEGY

10. In collaboration and partnership with other governmental, non-governmental and donor efforts, the objective of Government of the United Republic of Tanzania-UNICEF programme of cooperation will be to contribute to the achievement of the following goals for the country's children and women according to the targets for the year 2000: (a) to reduce infant and under-five mortality; (b) to reduce severe and moderate malnutrition; (c) to reduce maternal mortality, with baseline studies being undertaken in 1996 to determine the exact levels of the goal; (d) to increase educational achievement of children through increased primary school net enrolment and completion rates for girls and boys; (e) to adapt relevant provisions of the Convention on the Rights of the Child and the Convention of the Elimination of All Forms of Discrimination Against Women into legislation and other instruments of implementation/enactment; (f) to promote the rights of children in especially difficult circumstances to shelter, health care, education and protection from exploitation and physical abuse; and (g) to promote equal status for women in terms of improved health, education and literacy, reduced workload, access to credit and decision-making.

11. UNICEF cooperation will be based on the four interrelated strategies of service delivery, capacity-building, advocacy and social mobilization. The country's needs in terms of service delivery remain acute and significant. However, within the overall context of donor assistance to the United Republic of Tanzania, UNICEF resources are limited and need to be applied in a catalytic manner so that they will have significant impact on improving the lives of children and women. Therefore, the appropriate strategy mix will be balanced towards capacity-building, advocacy and social mobilization.

12. A service delivery strategy will be employed when it can play a critical role in bringing about more equity and contribute to the realization of UNICEF assistance to children's and women's rights. However, significant streamlining will be made in service delivery as the Government increasingly budgets for the provision of drugs, vaccines and other health- and water-related equipment. This streamlining will be combined with a consolidation and sharper focus on the community-based programme and a rationalization of programme management support costs. Greater emphasis will be placed on community and local-level resource generation and provision with appropriate private sector participation.

13. The geographical coverage strategy for the cooperation will involve three interrelated and mutually supportive programme components: (a) nationwide; (b) community-based; and (c) Zanzibar. The three components will comprise a total of six programmes.

14. The nationwide component has four programmes. The social policy and planning programme aims to build capacity to plan for human development through (a) advocacy for adoption and implementation of the "20/20" concept in budget allocations and a strong focus on poverty alleviation in macroeconomic policy formulation and implementation; (b) establishment of partnerships to develop and strengthen policies for children and women; (c) support for monitoring and analysis of social conditions, with particular emphasis on children, adolescents and women in the face of the HIV/AIDS pandemic; (d) support for the development and review of coordinated social policies consistent with the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women and the National Programme of Action, and monitoring of the country programme and social sector reform; (e) advocacy to ensure that gender concerns and equity are reflected in socio-economic policies and planning at all levels; and (f) establishment of a plan for emergency preparedness to enable adequate and timely institutional responses in situations of crisis. The main strategy of this programme is advocacy combined with social mobilization and capacity building.

15. The health, nutrition and water supply and environmental sanitation programme aims to improve people's access to cost-effective and quality services in these areas. The main strategy will be capacity-building. The provision of some basic supplies will be required to improve crucial aspects of service delivery. Advocacy and social mobilization will help to empower communities and, thus, enhance sustainability.

16. The basic education programme aims to contribute to the achievement of universal access to quality basic education through formal and non-formal approaches. The main strategies will be capacity-building and policy advocacy. Some critical and catalytic inputs for service delivery will be provided.

17. The rights' advocacy and monitoring programme will provide vital support to the Government, non-governmental organizations and civil society for the promotion, implementation and monitoring of children's and women's rights within the frameworks of the two Conventions. The main strategies of this programme will be advocacy, social mobilization and capacity-building.

18. While the above programmes are intended to have an impact on all children in the country, the community-based programme will target selected regions on the mainland. It aims to improve capabilities at community, ward and district levels in selected regions with respect to assessment, analysis and action in support of the goals for children, adolescents and women. The main strategy will be community empowerment, which requires advocacy and social mobilization within communities and capacity-building with local governments to plan and manage cost-effective social development activities. A secondary service delivery strategy may be required to sustain availability, quality and equitable access to basic services.

19. The Zanzibar programme will support improved planning and monitoring of social conditions throughout the island of Zanzibar, with particular emphasis on children, adolescents and women. The programme also will ensure that gender concerns are reflected in social and economic policies and planning at all levels. Two other related objectives are to support effective coordination, monitoring and evaluation of all UNICEF-assisted activities in Zanzibar and to strengthen community organization for effective local planning and management of development activities for children, adolescents and women. The strategies for this programme are a combination of central- and district-level capacity-building, community mobilization and empowerment and general advocacy. Some targeted service delivery interventions will be supported.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Social policy and planning	3 375	2 650	6 025
Health, nutrition, and water supply and environmental sanitation	9 260	9 050	18 310
Basic education	4 900	3 000	7 900
Rights' advocacy and monitoring	1 340	750	2 090
Community-based	9 925	2 500	12 425
Zanzibar	2 920	2 050	4 970
Total	31 720	20 000	51 720

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.